

ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

US EPA RECORDS CENTER REGION 5

1004040

INSTALLATION ADDRESS

MID091605972

REACKNOWLEDGEMENT

DETREX CHEMICAL INDUSTRIES INC

PO BOX 501 DETROIT

MI 48232

12886 EATON AVE DETROIT

MI 48227

EPA Form 8700-12B (4-80)

10/03/81

DETREX CHEMICAL INDUSTRIES, INC.



P.O. BOX 501, DETROIT, MICHIGAN 48232

EXECUTIVE OFFICE

TELEPHONE (313) 358-5800

TWX 810-224-4756

November 18, 1980

Add ben. 3-17-81 00

EPA Region V RCRA Activities P. O. Box 7861 Chicago, IL 60680

Gentlemen:

SUBJECT: Notification of Hazardous Waste Activity - Form 8700-12

Through an oversight when we completed Form 8700-12 we neglected to check under Part VI, Box A, "Generation" in addition to Boxes B and C for the following locations:

REGION V

MID 005317599 MID 091605972 MID 020906764 IND 085616837

Please advise if it is necessary to file a revised Form 8700-12.

Very truly yours,

W. G. Robrecht

Assistant Manager, Corporate Engineering

WGR:ss

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NOV 18 1980

EFA	NOTIFICAT	TION OF HAZAR	CTIVITY INS	INSTRUCTIONS: If you received a preprinted label, affix it in the space at left, If any of the					
TION'S EPA	MID0916	05972	info thro	information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is					
NAME OF INSTALLATION	ADD Gen.	3-17-81 SP		con	mplete and correct, leave Items I, II, and III ow blank. If you did not receive a preprinted				
INSTALLA- TION II. MAILING ADDRESS	DETREX CH PO BOX 50 DETROIT,	HEMILML INDO	STRIES INC	sing trea por	el, complete all items. "Installation" means a gle site where hazardous waste is generated, ated, stored and/or disposed of, or a trans- rter's principal place of business. Please refer the INSTRUCTIONS FOR FILING NOTIFI-				
LOCATION III OF INSTAL- LATION	14331 HB DETROIT.	1921IW NGRED nras232	+ AVE	CA' Info (Se	TION before completing this form. The ormation requested herein is required by law action 3010 of the Resource Conservation and covery Act).				
FOR OFFICIAL	L Üge unlt			-					
c C	ПППТ	 	COMMENTS						
18 16	ON'S EPA LD. MIT	MBER 2 APPROVE	DATE RECEIVE	70	# 2 2 4 3 B				
FMTD09/60697201 A SOOFII									
I. NAME OF INS	TALLATION								
II: INSTALLATI	ON MAIL INC. AT	DDRESS							
	JA MAILUNG A.	STREET OR P.O. BOX	X						
3									
15 16	CIT	Y OR TOWN		ST. ZIP CO	DE				
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15 16	OF INSTALLATI	ION		80 85 42 47 -	er /				
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	CIT	Y OR TOWN		ST. ZIP COI					
6 D E TR 0	111111		4 4 4 4 4 4	M I 4 82	2 7				
IV. INSTALLAT		AND TITLE (last, first, &	i job title)		PHONE NO. (area code & no.)				
2 R OB R E				ENG.	3 1 3 - 35 8 5 8 00				
V. OWNERSHIP				45	44 - 40 49 - 51 52 - 50				
		A. NAME OF INSTA	ALLATION'S LEGAL	OWNER					
8 D ETR E	х с н вм	ICALIN	ND U ST R I	ES INC					
(enter the appropri	ate letter into box)				"X" in the appropriate box(es))				
F = FEDERAL		A. GENE			NSPORTATION (complete item VII)				
M = NON-FE	16	59	T/STORE/DISPOSE	60	DERGROUND INJECTION				
	RANSPORTATI	ON (transporters only		e appropriate box(E. OTHER (sp					
A. AIR	68	767	44 WATER	UTHER (SP					
VIII. FIRST OR Mark "X" in the app	propriate box to ind	licate whether this is you	ur installation's first no	otification of hazardo	ous waste activity or a subsequent notification.				
TIT this is not your fi	If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below. MID 09 1 60 597 2 C. INSTALLATION'S EPA I.D. NO.								
A. FIRST	NOTIFICATION	B. SUBSKA	UENT NOTIFICATIO	N (complete item C)					
IX. DESCRIPTION OF HAZARDOUS WASTES									
Please go to the reve	erse of this form and	d provide the requested i							
EPA Form 8700-12	? (6-80)		حد دیا لی ا	1 1980	CONTINUE ON REVERSE				

MIDO9	1605972	
I.D FOR G	FFICIAL USE ONLY	. , , ,

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IX. DE	CRIPTION OF HAZ	ARDOUS WASTES	(continued from	m front)	1 3	(4) (5)				
IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front) A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous										
waste from non-specific sources your installation handles. Use additional sheets if necessary.										
	1	2	3	4	5	•				
,	F 0 0 1	F 00 2								
i	25	23 - 26	23 - 26	23 - 26	23 - 34	23 - 26				
	- 7		 • • • • • • • • • • • • • • • • • • •	10	11	12				
	83 - 246	23 - 34	23 - 26	23 - 20	23 - 26	23 - 26				
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.										
specifi			7							
*	13	 	18		17	10				
	19	20	21	22	23 - 26	24				
	23 - 36	22 - 26	23 - 26	23 - 70		· · · · · · · · · · · · · ·				
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0.00111	15 - 16 - 15 - 15 - 15 - 15 - 15 - 15 -	23 - 26	28 - 26	23 = 95	23 - 26	22 25				
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261,33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.										
. 1	31	32	33	34	35	36				
4										
	23 - 26	23 - 30	23 - 26	23 - 26	23 - 26	23 - 26				
	37	38	29	40	41	42				
,										
	43	44	45	23 - 26	47	48				
1	HTTH				HIT					
1	23 - 36	33 36	R3 - 24	23 26	23 - 36	23 28				
				40 CFR Part 261.34 for each Use additional sheets if neces		from hospitals, veterinary				
nospii		,								
	 49	50	B1	52	#3	54				
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)										
	1. IGNITABLE	П.	CORROSIVÈ	☐3. REACT	IV#	☐4. TOXIC				
	(D001)	(Doos)		(poos)		(D000)				
X. CER	TIFICATION									
I certi	y under penalty of	law that I have per-	onally examine	ed and am familiar with	the information sub	mitted in this and all				
attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for sub-										
mitting false information, including the possibility of fine and imprisonment.										
SIGNAT	RE	<u></u>	NAME & O	FFICIAL TITLE (type or pri	int)	DATE SIGNED				
/	MINI		W. G.	. Robrecht		1/0/00				
	Hobelet		Assi	t. Mgr. Corp. I	Engineering	1/7/80				